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B22C (Official Form 22C) (Chapter 13) (12/10)

In re	Cheryl Renee Muhammad	According to the calculations required by this statement:
	Debtor(s)	■The applicable commitment period is 3 years.
Case Number:		— □The applicable commitment period is 5 years.
	(If known)	Disposable income is determined under § 1325(b)(3).
		■ Disposable income is not determined under § 1325(b)(3).
		(Check the boxes as directed in Lines 17 and 23 of this statement.)

CHAPTER 13 STATEMENT OF CURRENT MONTHLY INCOME AND CALCULATION OF COMMITMENT PERIOD AND DISPOSABLE INCOME

In addition to Schedules I and J, this statement must be completed by every individual chapter 13 debtor, whether or not filing jointly. Joint debtors may complete one statement only.

		Par	rt I.	REPORT OF IN	COI	ME					
		ng status. Check the box that applies a		•		•	staten	nent a	as directed.		
1		a. ■Unmarried. Complete only Column A ("Debtor's Income") for Lines 2-10.									
	b. Married. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") All figures must reflect average monthly income received from all sources, derived during the six calendar months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the						e six re	Column A Debtor's			Column B Spouse's
		otal by six, and enter the result on the a			, , ,	a mast arvide in			Income		Income
2	Gross wage	es, salary, tips, bonuses, overtime, con	nmis	ssions.				\$	3,189.33	\$	
3							iness, ter a				
	a. Gros	s receipts	\$	Debtor 0.00	\$	Spouse					
		nary and necessary business expenses	\$	0.00							
		ness income	Sul	btract Line b from		e a		\$	0.00	\$	
4	the appropri	other real property income. Subtract in interest in in	a nu as a	mber less than zeron description in Paragram Debtor 0.00	o. I t IV \$	Oo not include a					
		nary and necessary operating expenses	\$	0.00				_		_	
	c. Rent	and other real property income	St	btract Line b from	Lin	ie a		\$	0.00	\$	
5	Interest, di	vidends, and royalties.						\$	0.00	\$	
6	Pension and	d retirement income.						\$	0.00	\$	
7	Any amounts paid by another person or entity, on a regular basis, for the household expenses of the debtor or the debtor's dependents, including child support paid for that purpose. Do not include alimony or separate maintenance payments or amounts paid by the debtor's spouse. Each regular payment should be reported in only one column; if a payment is listed in Column A, do not report that payment in Column B.						\$	59.00	\$		
8	Unemployment compensation. Enter the amount in the appropriate column(s) of Line 8. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below:										
	Unemployment compensation claimed to be a benefit under the Social Security Act Debtor \$ 0.00 Spouse \$						\$	0.00	\$		

	Income from all other sources. Specify source and amount. If necessary, list additional sources						
	on a separate page. Total and enter on Line 9. Do not include alimony or separate						
	maintenance payments paid by your spouse, but include all other payments of alimony or						
0	separate maintenance. Do not include any benefits received under the Social Security Act or						
9	payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.						
	Debtor Spouse						
	a.		Ф				
		.00	\$				
10	Subtotal. Add Lines 2 thru 9 in Column A, and, if Column B is completed, add Lines 2 through 9 in Column B. Enter the total(s). 3,248	.33	\$				
11	Total. If Column B has been completed, add Line 10, Column A to Line 10, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 10, Column A.		3,248.33				
	Part II. CALCULATION OF § 1325(b)(4) COMMITMENT PERIOD						
12	Enter the amount from Line 11	\$	3,248.33				
	Marital Adjustment. If you are married, but are not filing jointly with your spouse, AND if you contend that						
	calculation of the commitment period under § 1325(b)(4) does not require inclusion of the income of your spouse,						
	enter on Line 13 the amount of the income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of you or your dependents and specify, in the lines below, the basis for excluding this						
	income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the	:					
13	debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If the conditions for entering this adjustment do not apply, enter zero.						
	a.						
	c. \$						
	Total and enter on Line 13	\$	0.00				
14	Subtract Line 13 from Line 12 and enter the result.	\$	3,248.33				
15	Annualized current monthly income for § 1325(b)(4). Multiply the amount from Line 14 by the number 12 and	\$	38,979.96				
	enter the result.						
16	Applicable median family income. Enter the median family income for applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)						
	a. Enter debtor's state of residence: TN b. Enter debtor's household size: 4						
	Application of § 1325(b)(4). Check the applicable box and proceed as directed.						
17	■The amount on Line 15 is less than the amount on Line 16. Check the box for "The applicable commitment p	erio	l is 3 years" at the				
17	top of page 1 of this statement and continue with this statement.						
	☐ The amount on Line 15 is not less than the amount on Line 16. Check the box for "The applicable commitme the top of page 1 of this statement and continue with this statement.	nt pe	eriod is 5 years" at				
	Part III. APPLICATION OF § 1325(b)(3) FOR DETERMINING DISPOSABLE INCOME						
18	Enter the amount from Line 11.	\$	3,248.33				
10		Ψ	3,240.33				
	Marital Adjustment. If you are married, but are not filing jointly with your spouse, enter on Line 19 the total of any income listed in Line 10, Column B that was NOT paid on a regular basis for the household expenses of the						
	debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income(such as						
	payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a						
19	separate page. If the conditions for entering this adjustment do not apply, enter zero.						
	a.						
	b. \$						
	c. \$						
	Total and enter on Line 19.						
20	Current monthly income for § 1325(b)(3). Subtract Line 19 from Line 18 and enter the result.	\$	3,248.33				
21	Annualized current monthly income for § 1325(b)(3). Multiply the amount from Line 20 by the number 12 and enter the result.	4	38 979 96				

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22	Applic	able median family incom	e. Enter the amount from	n Lin	e 16.		\$	62,832.00
Application of § 1325(b)(3). Check the applicable box and proceed as directed. The amount on Line 21 is more than the amount on Line 22. Check the box for "Disposable in 1325(b)(3)" at the top of page 1 of this statement and complete the remaining parts of this statement.						ned unde	er §	
	■The amount on Line 21 is not more than the amount on Line 22. Check the box for "Disposable income is not 1325(b)(3)" at the top of page 1 of this statement and complete Part VII of this statement. Do not complete Par							
		Part IV. Ca	ALCULATION ()F I	DEDUCTIONS FR	OM INCOME		
		Subpart A: D	eductions under Star	ıdar	ds of the Internal Reve	enue Service (IRS)		
24A	National Standards: food, apparel and services, housekeeping supplies, personal care, and miscellaneous. Enter in Line 24A the "Total" amount from IRS National Standards for Allowable Living Expenses for the					\$		
24B	National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of person who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 24B.					ional Standards for lable at cable number of persons o are 65 years of age or ory that would currently tional dependents whom and enter the result in nd enter the result in Line		
	Persons under 65 years of age			Pers	ons 65 years of age or ole	der		
	a1.	Allowance per person		a2.	Allowance per person			
	b1.	Number of persons		b2.	Number of persons			
	c1.	Subtotal		c2.	Subtotal		\$	
25A	Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court). The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.						\$	
25B	Local Standards: housing and utilities; mortgage/rent expense. Enter, in Line a below, the amount of the IRS Housing and Utilities Standards; mortgage/rent expense for your county and family size (this information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court) (the applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support); enter on Line b the total of the Average Monthly Payments for any debts secured by your home, as stated in Line 47; subtract Line b from Line a and enter the result in Line 25B. Do not enter an amount less than zero.							
	a. IRS Housing and Utilities Standards; mortgage/rent exp							
		b. Average Monthly Payment for any debts secured by your home, if any, as stated in Line 47			r \$			
	c. Net mortgage/rental expense Subtract Line b from Line a.					rom Line a.	\$	
26	Local Standards: housing and utilities; adjustment. If you contend that the process set out in Lines 25A and 25B does not accurately compute the allowance to which you are entitled under the IRS Housing and Utilities Standards, enter any additional amount to which you contend you are entitled, and state the basis for your contention in the space below:						· ·	
	1						\$	

27A	Local Standards: transportation; vehicle operation/public transportation; vehicle operation/public transportation expense allowance in this category regardless of whether you pay the regardless of whether you use public transportation. Check the number of vehicles for which you pay the operating expension included as a contribution to your household expenses in Line 7.						
2711	If you checked 0, enter on Line 27A the "Public Transportation" amount from IRS Local Standards: Transportation. If you checked 1 or 2 or more, enter on Line 27A the "Operating Costs" amount from IRS Local Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or Census Region. (These amounts are available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)						
27B	Local Standards: transportation; additional public transportation for a vehicle and also use public transportation, and you contend that your public transportation expenses, enter on Line 27B the "Public To Standards: Transportation. (This amount is available at www.usdoj.go.court.)	\$					
28	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.) Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 1, as stated in Line 47; subtract Line b from Line a and enter the result in Line 28. Do not enter an amount less than zero. [a. IRS Transportation Standards, Ownership Costs]						
	 Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 47 Net ownership/lease expense for Vehicle 1 	\$ Subtract Line b from Line a.	\$				
29	Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 28. Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court); enter in Line b the total of the Average Monthly Payments for any debts secured by Vehicle 2, as stated in Line 47; subtract Line b from Line a and enter the result in Line 29. Do not enter an amount less than zero. [a. IRS Transportation Standards, Ownership Costs]						
	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 47 c. Net ownership/lease expense for Vehicle 2	\$ Subtract Line b from Line a.	\$				
30	Other Necessary Expenses: taxes. Enter the total average monthly e state, and local taxes, other than real estate and sales taxes, such as in security taxes, and Medicare taxes. Do not include real estate or sale	come taxes, self employment taxes, social	\$				
31	Other Necessary Expenses: involuntary deductions for employment deductions that are required for your employment, such as mandatory uniform costs. Do not include discretionary amounts, such as volu	retirement contributions, union dues, and	\$				
32	Other Necessary Expenses: life insurance. Enter total average mon life insurance for yourself. Do not include premiums for insurance any other form of insurance.	\$					
33	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in line 49.						
34	Other Necessary Expenses: education for employment or for a photoe total average monthly amount that you actually expend for educate education that is required for a physically or mentally challenged depproviding similar services is available.	\$					
35	Other Necessary Expenses: childcare. Enter the total average mont childcare - such as baby-sitting, day care, nursery and preschool. Do		\$				
36	Other Necessary Expenses: health care. Enter the total average mo health care that is required for the health and welfare of yourself or yoursurance or paid by a health savings account, and that is in excess of include payments for health insurance or health savings accounts	our dependents, that is not reimbursed by the amount entered in Line 24B. Do not	s				

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37	Other Necessary Expenses: telecomm actually pay for telecommunication serv pagers, call waiting, caller id, special lo welfare or that of your dependents. Do	\$				
38	Total Expenses Allowed under IRS St	andards. Enter the total of Lines 24 through 37.	\$			
	Subpa	rt B: Additional Living Expense Deductions				
	-	clude any expenses that you have listed in Lines 24-37				
	Health Insurance, Disability Insurance, and Health Savings Account Expenses. List the monthly expenses in the categories set out in lines a-c below that are reasonably necessary for yourself, your spouse, or your dependents.					
39	a. Health Insurance	\$				
	b. Disability Insurance	\$				
	c. Health Savings Account	\$				
	Total and enter on Line 39		\$			
	If you do not actually expend this total below: \$	amount, state your actual total average monthly expenditures in the space				
40	Continued contributions to the care of household or family members. Enter the total average actual monthly expenses that you will continue to pay for the reasonable and necessary care and support of an elderly, chronically ill, or disabled member of your household or member of your immediate family who is unable to pay for such expenses. Do not include payments listed in Line 34.					
41	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incur to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.					
42	Home energy costs. Enter the total ave Standards for Housing and Utilities that trustee with documentation of your ac claimed is reasonable and necessary.	\$				
43	Education expenses for dependent chi actually incur, not to exceed \$147.92 pe school by your dependent children less documentation of your actual expense necessary and not already accounted	\$				
44	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.					
45	Charitable contributions. Enter the am contributions in the form of cash or fina 170(c)(1)-(2). Do not include any amo	\$				
46	Total Additional Expense Deductions	under § 707(b). Enter the total of Lines 39 through 45.	\$			
	1		I.			

B22C (Official Form 22C) (Chapter 13) (12/10)

			Subpart C: Deductions for De	ebt l	Payment			
47	Future payments on secured claims. For each of your debts that is secured by an interest in property that you own, list the name of creditor, identify the property securing the debt, state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 47.							
	Name of Creditor Property Securing the Debt Average Monthly include taxes Payment or insurance							
	a.			\$	otal: Add Lines	gres no	\$	
48	Other payments on secured claims. If any of debts listed in Line 47 are secured by your primary residence, a motor vehicle, or other property necessary for your support of the support of your dependents, you may include in							
		Name of Creditor	Property Securing the Debt			he Cure Amount		
	a.				\$	Total: Add Lines	\$	
49	Payments on prepetition priority claims. Enter the total amount, divided by 60, of all priority claims, such as priority tax, child support and alimony claims, for which you were liable at the time of your bankruptcy filing. Do not include current obligations, such as those set out in Line 33. Chapter 13 administrative expenses. Multiply the amount in Line a by the amount in Line b, and enter the							
50	a. b.	nes a and b	\$					
51	Total Deductions for Debt Payment. Enter the total of Lines 47 through 50.						\$	
			Subpart D: Total Deductions i	ron	n Income			
52	Tota	l of all deductions from in	come. Enter the total of Lines 38, 46, and	51.			\$	
		Part V. DETER	MINATION OF DISPOSABLE	INC	COME UNDI	ER § 1325(b)(2)		
53	Total current monthly income. Enter the amount from Line 20.						\$	
54	Support income. Enter the monthly average of any child support payments, foster care payments, or disability payments for a dependent child, reported in Part I, that you received in accordance with applicable nonbankruptcy law, to the extent reasonably necessary to be expended for such child.						\$	
55	Qualified retirement deductions. Enter the monthly total of (a) all amounts withheld by your employer from wages as contributions for qualified retirement plans, as specified in § 541(b)(7) and (b) all required repayments of loans from retirement plans, as specified in § 362(b)(19).						\$	
56	Total of all deductions allowed under § 707(b)(2). Enter the amount from Line 52.						\$	
							1 .	

	Deduction for special circumstances. If there are special circumstances is no reasonable alternative, describe the special circumstance of the second circumstances are page. Total the exprovide your case trustee with documentation of these expensions of the special circumstances that make such expense necessary.	7. St	
57	Nature of special circumstances	Amount of Expense	
	a.	\$	
	b.	\$	
	c.	\$	
		Total: Add Lines	\$
58	Total adjustments to determine disposable income. Add the a result.	mounts on Lines 54, 55, 56, and 57 and enter the	\$
59	Monthly Disposable Income Under § 1325(b)(2). Subtract Lin	\$	
	Part VI. ADDITIONAL	L EXPENSE CLAIMS	
	Other Expenses. List and describe any monthly expenses, not of of you and your family and that you contend should be an addition 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate term. Total the expenses.	e under §	
60	Expense Description	Monthly Amou	nt
	a.	\$	
	b.	\$	
	c.	\$	
	d.	\$	
	Total: Add Lines	a, b, c and d \$	
	Part VII. VER	RIFICATION	
61	I declare under penalty of perjury that the information provided in must sign.) Date: October 30, 2012	Signature: /s/ Cheryl Renee Muhan Cheryl Renee Muham	nmad
		(Debtor)	iau